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UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Turkmenistan

Proposed UNFPA assistance:	$5.0 million, $3.5 from regular resources and $1.5 million from multi-bilateral and/or other, including regular, resources
Programme period:	5 years (2000-2004)
Cycle of assistance:	First
Category per decision 96/15:	Country with economy in transition

Proposed assistance by core programme area (in millions of $):

	Regular resources	Other	Total
Reproductive health	2.5	1.0	3.5
Population and development strategies	0.4	0.5	0.9
Advocacy	0.3	-	0.3
Programme coordination and assistance	0.3	-	0.3
Total	3.5	1.5	5.0

TURKMENISTAN

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)	--	≥60
Contraceptive prevalence rate (15-44) (%)	--	≥55
Access to basic health services (%)	--	≥60
Infant mortality rate (/1000)[1]	55	≤50
Maternal mortality ratio (/100,000)[2]	55	≤100
Gross female enrolment rate at primary level (%)	--	≥75
Adult female literacy rate(%)	--	≥50

* AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.

[1]United Nations Population Division, Department of Economic and Social Affairs, United Nations Secretariat, *World Population Prospects: The 1998 Revision*

[2]United Nations ACC Task Force on Basic Social Services, *Wall Chart on Basic Social Services for All*, 1997.

Two dashes (--) indicate that data are not available

Demographic Facts

Population (000) in 2000	4 459	Annual population growth rate (%)	1.79
Population in year 2015 (000)	5 575	Urban	2.46
Sex ratio (/100 females)	98.0	Rural	1.27
Per cent urban	45	Total fertility rate (/woman)	3.60
Age distribution (%)		Life expectancy at birth (years)	
Ages 0-14	37.7	Males	61.9
Youth (15-24)	19.4	Females	68.9
Ages 60+	6.5	Both sexes	65.4
		GNP per capita (U.S. dollars, 1997)	640

Sources: Data are from the Population Division, Department of Economic and Social Affairs of the United Nations, World Population Prospects: The 1998 Revision; Urban and rural data, for2000-2005 are from United Nations, World Urbanization Prospects: The 1996 Revision; GNP per capita is from the World Bank. Two dashes (--) indicate that data are not available.

NB. The data in this fact sheet may vary from the data presented in the text of the document.

1. The United Nations Population Fund proposes to support a population programme over the period 2000-2004 to assist the Government of Turkmenistan in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $5.0 million, of which $3.5 million would be programmed from UNFPA regular resources, to the extent that such resources are available. UNFPA would seek to provide the balance of $1.5 million from multi-bilateral resources and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources. This would be the Fund's first programme of assistance to Turkmenistan. Assistance was earlier provided to Turkmenistan under a UNFPA-supported subregional programme (1995-1999).

2. The proposed programme was formulated in close consultation with governmental, non-governmental, United Nations and donor organizations and takes into account the development objectives of the Government as set out in the State Health Programme of the President. It is based on the recommendations of the UNFPA Country Population Assessment (CPA), conducted in 1998 under the leadership of a national steering committee with the assistance of a team of national experts and UNFPA Country Support Team (CST) advisers. The programme is harmonized with the programme cycles of UNDP, UNICEF and the World Food Programme (WFP). UNFPA will collaborate with its United Nations Development Group (UNDG) partners in conducting the Common Country Assessment (CCA) and preparing for the United Nations Development Framework (UNDAF) exercise.

3. The primary goal of the State Health Programme of the President, which was announced in July 1995, is to improve the health status of the population through such means as the introduction of state voluntary medical insurance, the development of the private sector, the improvement of health management and human resource development. In line with this, the goal of the proposed programme would be to contribute to the improved quality of life of the people of Turkmenistan through improvements in reproductive health, the promotion of gender equity and equality and a better understanding of the population and development interrelationships, including environment. The proposed programme would be implemented through three subprogrammes in reproductive health, population and development strategies and advocacy. Gender concerns would be integrated in all three subprogrammes.

4. The proposed programme was developed within the framework of a human rights approach. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the International Conference on Population and Development (ICPD), which was endorsed by the General Assembly in its resolution 49/128.

Background[1]

5. The population of Turkmenistan was estimated at 4.7 million in 1997. Between 1991 and 1997, the population increased by 24 per cent, and the age structure is typical of a high-fertility country. The population growth rate fell from 2.7 per cent in 1990 to 1.5 per cent in 1997 due to a combination of factors, including increased mortality rates and net out-migration.

6. Between 1989 and 1995 fertility declined and the total fertility rate went down from 4.3 to 3.4 children per woman. The child-spacing interval is short, with an average of 1.4 years between pregnancies. The pattern of family formation favours completion of child-bearing during the 20-29 age period. The contraceptive prevalence rate was estimated at 15 per cent in 1997, with almost exclusive reliance on the intra-uterine device (IUD). Contraceptive prevalence surveys have not been conducted, but levels of reported use are less than expected for the reported levels of fertility.

7. Mortality rates have increased for some groups since Independence, with the result that life expectancy has decreased from 66.2 (1991) to 64.7 years (1997); female life expectancy exceeds that of males by 7.3 years in the urban areas. Infant mortality rates reflect improvement, with 37 per 1,000 live births in 1997 compared with 45 per 1,000 in 1990. The maternal mortality ratio, estimated at 72 per 100,000 live births, has remained unchanged over the last 10 years. The most common cause of maternal mortality is haemorrhage. Approximately 20 per cent of maternal deaths are due to abortion-related causes. Reproductive tract infections (RTIs) have increased in the 1995-1997 period. Sexually transmitted diseases (STDs) have also become more prevalent, with seven times more new cases of syphilis reported in 1996 than in 1992.

8. Literacy is universal for both women and men. Women constitute 53 per cent of students in secondary education, 38 per cent of students in higher education and 29 per cent of students in professional schools. The Constitution guarantees women equal opportunities in education, training, employment, salary and promotions and equal rights in public and cultural spheres. However, female workers often face non-competitive and disadvantaged employment situations. Although women have a longer life expectancy, short birth intervals and frequent induced abortions adversely impact their reproductive health status.

9. The Government gives priority to measures that improve maternal and child health. The Ministry of Health and Medical Industry promotes family planning, accompanied by improved nutrition, as a means to achieve this goal. The health care system is centrally managed and has set normative standards to determine the operation of facilities, staffing levels, purchasing procedures

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[1] *Unless otherwise indicated, the data given in the text are from governmental sources, including the Ministry of Health, and may vary from the data in the fact sheet.*

and clinical management of patients. The State Health Programme of the President is intended to reform the health-care system, with priority given, inter alia, to the provision of a comprehensive package of basic health services, in which reproductive health services are a major component to be delivered at the primary-care level through family physicians or general medical practitioners.

Previous UNFPA assistance

10. Prior to the current subregional programme, UNFPA provided emergency assistance to Turkmenistan and supported procurement interventions. Activities were partly executed by the Government, UNFPA, the World Health Organization (WHO) and the United Nations Educational, Scientific and Cultural Organization (UNESCO). During the period 1995-1999 assistance is estimated to amount to approximately $2 million. Through the United Nations Statistics Division, UNFPA provided data processing equipment and technical assistance for the 1995 population census. A reproductive health centre was established in each of the six velayats (regions), and reproductive health services are now available at the etrap (district) level. A system of master trainers provided substantial training in reproductive health management, family planning and contraceptive counselling, including such topics as reproductive tract and post-abortion infection, post-abortion contraception and safe motherhood. A management information and contraceptive forecasting system was set up, and national scientists conducted a series of surveys on reproductive health issues. A study was conducted on reproductive health issues of concern to teenagers and parents, and a family life education curriculum for grade 9 students was developed and tested, contributing to increased reproductive health knowledge among adolescents. A mass media strategy to promote a healthy lifestyle was developed, and information, education and communication (IEC) materials were produced.

11. The major lessons learned, as confirmed by the findings of the end-of-programme evaluation, include the following. National project coordinators working with support from the UNFPA country office contributed to programme management and national capacity-building. However, the concentration of all components of a reproductive health programme within one agency, such as the Maternal and Child Health Institute, would further contribute to efficient management. In the process of health reforms, with a shift to out-patient care, prevention and a partial privatization of the health-care system, flexibility and strategic advocacy are needed to obtain cost-effective synergy among community, paramedical and medical organizations. A comprehensive training plan and a system with monthly monitoring and follow-up of reproductive health service provision are required to improve the quality of care. IEC needs to focus on reproductive health/family planning and maternal health, and to be integrated into a broader communication plan covering a range of healthy lifestyle issues.

Other external assistance

12. The UNICEF/WHO Collaborative Mission (February 1992), in which UNFPA, UNDP and WFP participated, was the first important initiative to scale up external assistance to Turkmenistan in the health sector. UNICEF supported programmes of immunization and diarrhoeal disease control. WHO, with UNDP assistance, provided technical support to the State Health Programme of the President. The Turkish International Cooperation Agency was also involved, and the World Bank, as the largest donor in the health sector, has been supporting health-care reform activities in two pilot velayats. The Government of Germany has made funds available for contraceptive procurement. The Government of Finland provided funding for the census. The Government of the Netherlands has supported the establishment of a Family Planning Association under a project executed by the International Planned Parenthood Federation.

13. The United States Agency for International Development (USAID) has supported activities under its Reproductive Health Services Expansion Program since 1993, in collaboration with AVSC International and the Johns Hopkins Program for International Education in Reproductive Health (JHPIEGO) to carry out training activities in contraceptive technology, infection control, counselling skills and clinical training. The British Know How Fund has been providing technical assistance to the Government in connection with health-sector reform. The Department for International Development (DFID) of the United Kingdom is considering support in the area of adolescent reproductive health and IEC.

Proposed programme

14. The goal of the proposed programme is noted in paragraph 3. UNFPA assistance would be delivered through three subprogrammes in reproductive health, population and development strategies and advocacy. Special attention would be given to the reproductive health needs of young Turkmen people through improved quality of care. Efforts would focus on establishing synergy among the partners involved in the health reforms at various levels as an effective strategy for contributing to achieving sustainable and integrated reproductive health services. Data collection, processing and research capacity would be strengthened to support cost-effective interventions in primary health care and the formulation and implementation of population and development strategies. The three subprogrammes are described below.

15. Reproductive health subprogramme. The purpose of the reproductive health subprogramme would be to contribute to improved availability and utilization of quality reproductive health services and information for women, men and adolescents. The subprogramme would focus on four outputs. The first output would be the strengthened policy-making and management capacity of the Ministry of Health and Medical Industry in support of the health reform, in which reproductive health services

are an important part of primary health care. To further the health reform agenda, support would be provided to the Ministry of Health and Medical Industry to take up its expanded policy-making role, particularly with respect to the formulation of a reproductive health policy that involves civil society and devotes special attention to the reproductive health needs of adolescents. Technical assistance would be provided for implementing the management reforms identified in the National Health Plan. In the context of State Health Programme of the President, a National Programme for Maternal and Child Health Protection, which includes family planning and improved nutrition, has been drafted and would provide a crucial framework for all activities supported under this subprogramme. The activities UNFPA would support would assist the Health Department of the Cabinet of Ministers in reviewing this draft programme in order to attain integration of the broad range of issues related to reproductive health.

16. The second output of the proposed subprogramme would be the strengthened provision of reproductive health services -- ranging from prevention at the household level to referral at the etrap and velayat level -- through a network of centres and community organizations that provide an essential package of basic reproductive health services. In view of the need to further rationalize the health-care system and to expand its outreach channels to strengthen prevention, particularly among adolescents, it is proposed to enhance the outreach of the reproductive health centres already established through attention for the quality of the referral linkages and the capacity of community organizations to complement this network. The training of members of the Women's Association and the Youth Union as part of the arrangement for community-based services would help expand outreach to women and youth. Strengthening the linkages of the reproductive health centres with the primary health care system would enhance the provision of service components such as STD care and prevention, maternal care and high-quality reproductive health services, especially in rural health posts. The proposed subprogramme would support activities such as the training of medical and paramedical personnel in quality of care and in the dissemination of preventive measures to safeguard the reproductive health of adolescents.

17. The third output of the subprogramme would be increased reliability in the management of services and in the supply and the distribution of a balanced mix of modern contraceptive methods. Support would be provided for logistics management skills training for both governmental and non-governmental service providers and managers. As the Ministry of Health and Medical Industry is expected to take on greater policy-making functions, assistance would be required for the local levels to take on more management responsibilities. An increase in contraceptive prevalence would require regular and reliable supplies of quality contraceptives at the primary-care level, including emergency contraception. This would be achieved by the provision of technical assistance to improve the logistics management and distribution system as part of the overall health management information system. Attention would be given to the distribution of contraceptive supplies to semi-governmental and non-governmental organizations (NGOs) involved in community-based services.

18. The fourth output would be an increased level of knowledge and awareness of reproductive health and related concerns, with special attention to the reproductive health needs of adolescents. The subprogramme would develop an IEC strategy that addresses the most important reproductive health/family planning issues of relevance to the country, such as health risks related to early child-bearing and abortion. The strategy would rely upon high-quality coverage by the mass media and other IEC channels. The proposed programme would train and technically backstop a core of national experts attached to various institutions to ensure coverage of the IEC needs of the national reproductive health programme. It is foreseen that the Centre for Health Prevention and AIDS Control would play an implementing role as it has the mandate for health education and has established a good working relationship with national radio and television. Information would also be distributed through rural primary health centres, NGOs and community councils. Other ways to reach target audiences would include training of peer counsellors to encourage community councils and communities to hold education and information sessions; continued training of service providers to help them as providers of information, counselling and contraceptive services to clients; and training workshops for community groups and religious, political and local leaders on issues related to reproductive health and gender. To improve outreach to men, specific strategies would be developed, including the provision of reproductive health messages through male outreach workers, community leaders, mass media and men's organizations.

19. The successful implementation of this subprogramme would depend upon the continued commitment of the Government to consider reproductive and preventive health care as the cornerstone of a nationwide reform of the health care system.

20. Of the $3.5 million to be allocated to the reproductive health subprogramme, $1.0 million would be sought from multi-bilateral or other sources. UNFPA has already initiated consultations with other donors, particularly for co-financing the supply of contraceptive commodities. In addition, an agreement may be reached with USAID for the extension of the assignment of a technical adviser in reproductive health management to the programme.

21. Population and development strategies subprogramme. The purpose of the subprogramme on population and development strategies would be to contribute to the formulation of policies that clearly reflect population and gender concerns in the national and velayat-level development agenda. In order to achieve its first output, the subprogramme would focus on achieving a strengthened capacity, at the national level and in selected velayats and etraps, for integrated decision-making and sustainable development planning, with special attention to the broad range of population and development interrelationships.

22. The CPA noted that critical gaps exist with regard to the inclusion of demographic trends in national development plans and the harmonization of population policies with social and economic

development policies. Coordination and synergy would need to be created, as these policies are under the mandates of various ministries and departments. The proposed subprogramme would, therefore, support the establishment of a focal point for research and training and a coordinating mechanism to strengthen linkages among the various sectors such as health education, women's development, environment and social welfare, thereby providing the Government with the tools required for better monitoring of the national population and development planning process.

23. The subprogramme would also aim at improving data collection and analysis capacity at selected national institutions for research in support of cost-effective reproductive health, population and development strategies. As identified by the CPA, the National Institute of Statistics and Forecasting requires assistance in human resource development and in the utilization of updated data processing methodologies. In addition, important research gaps need to be addressed. The institutional capacity of the Institute would therefore be strengthened to administer an arrangement in which academic and specialized research centres collaborate to implement a research agenda that meets essential research needs of the national population and development programme.

24. Little research has been conducted on adolescent and male knowledge and practices in regard to reproductive health. Young people report more knowledge and interest in regulating fertility, and among all age groups, men exercise major influence on the practice of family planning. The proposed subprogramme would provide the technical assistance required to strengthen the capacities of selected collaborating institutions in data collection and analysis, particularly gender-disaggregated analysis, report writing and dissemination, as well as the methodologies required to conduct qualitative and sociocultural research.

25. The amount of $0.9 million would be allocated to this subprogramme, $0.5 million of which would be sought from multi-bilateral and/or other sources. UNFPA has initiated consultations with potential donors, and there are indications that funding may be available from USAID for carrying out a demographic and health survey.

26. Advocacy subprogramme. The purpose of the advocacy subprogramme is to contribute to increased political and community support for population and development issues and the promotion of reproductive health, with gender concerns mainstreamed. The subprogramme would aim at an increased level of support from national and local leaders for the concepts of reproductive health and reproductive rights and gender issues. An advocacy strategy that aims at influential leaders would be developed. Sensitization seminars and workshops would be organized for high level national and local leaders, including members of the Medjlis (Parliament), Khakimlics (local executive bodies), Gengeshy (municipal councils), Gengeshy for Religious Affairs, the Women's Association and the Youth Union.

27. Currently, population issues are approached largely from a medical perspective. Considerable advocacy, through decision makers, media, opinion leaders and other influential persons, would be required to broaden this approach and to gain additional support, including funding, for the capacity-building and human resource development required for the integration of population factors into development planning. An expected outcome of these sensitization and awareness-raising interventions would be the creation of a critical mass of influential persons who actively promote and support health system reforms and high-quality reproductive health services for the community. Advocacy to obtain sufficient political, community and parental acceptance of the need to educate adolescents on reproductive health issues as well as for the provision of reproductive health services would need to precede an effective introduction of population education in the schools.

28. The amount of $0.3 million from regular resources would be allocated to this subprogramme.

Programme implementation, coordination, monitoring and evaluation

29. Central and local government authorities, national and international NGOs and United Nations agencies and organizations, all selected on the basis of their comparative advantages and technical and institutional capacities, would be responsible for executing and implementing programme components. Further technical backstopping would be provided through UNFPA CST and national and international experts. The proposed subprogramme would continue to use national project coordinators to assist in programme implementation.

30. Programme implementation would be monitored and evaluated in accordance with established UNFPA guidelines and procedures. The collection of baseline data at the start and the use of the logical framework approach, with specific qualitative and quantitative indicators would allow monitoring of progress, including an assessment at mid-term and an evaluation at the end of the cycle. Regular project site visits and annual component project progress reporting would provide the necessary inputs for annual programme meetings including the country programme and subprogramme reviews. The mid-term review to assess overall progress and the adequacy of activities and strategies would be held in 2002; this review may result in the adoption of programme adjustments for the remainder of the cycle. The end-of-programme evaluation would be conducted in late 2003 or early 2004.

31. The UNFPA Country Director for Turkmenistan, based in Tashkent, Uzbekistan, has responsibility for the UNFPA programme in Turkmenistan. The Country Director is assisted by a National Programme Officer and a Secretary attached to the office of the UNFPA Representative, who is also UNDP Resident Representative in Turkmenistan. Training would be provided to all programme and project staff under the proposed programme and would cover such topics as UNFPA

programme policies and procedures, programme management and accountability, NGO capacity-building, gender equity and equality and other key concepts of the ICPD Programme of Action.

32. The amount of $0.3 million from regular resources would be allocated for programme coordination and assistance.

Recommendation

33. The Executive Director recommends that the Executive Board approve the programme of assistance to the Government of Turkmenistan, as presented above, in the amount of $5.0 million for the period 2000-2004, of which $3.5 million would be programmed from the Fund's regular resources, to the extent such resources are available. UNFPA would seek the balance of $1.5 million from multi-bilateral and/or other, including regular, resources to the extent possible, consistent with Executive Board decision 96/15 on the allocation of UNFPA resources.

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